U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in currinal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| 1 File Number U /0930 | 2 Fiscal Year Covered From / / / / 05 Through /2 / 3/ / 05 |
|---|--|
| 3 Name and address of person filing | 4 Name file number and address of labor organization |
| Name ROBERT M HANSEN | Name ROBERT M HANSEN |
| PO Box Bldg Room No If any Street 14905 38 TH AU, N | Labor Organization File Number 11 PLS Plan BERS Local #15 DO7489 PO Box Building and Room Number if any Street 708 So 1024 S7 |
| City PLYMOUTH | City MALS |
| State M. ZIP Code + 4 55446 | State MN ZIP Code + 4 5 5 40 4 |
| 5 Position in labor organization | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

| A Held an interest in engaged in transactions (including loans) with or derived income or other uconomic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | | | | |
|--|-------------------|--|--|--|
| 6 Name and address of Employer (including to | rade name If any) | 7 a Nature of Interest Transaction or Income | | |
| Name | | 1) 11° | | |
| Trade Name if any | | Nowe | | |
| PO Box Bldg Room No If any | | | | |
| . | | 7 b Amount. | | |
| Street | | \circ | | |
| City | | | | |
| State | ZiP Code + 4 | | | |

Signature

| 15 Signature and verification The undersigned declares under penalty submitted in this report (including the information contained in any accompundersigned's knowledge and belief true correct and complete (See the | anying documents) has been exami | ned by the signatory and is to the best of the |
|---|----------------------------------|--|
| Signed Robert M Hause | · | 612 333 8601 |
| | Date | Telephone Number |

| substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization. | wise dealing with the business vely seeking to represent or directly to or otherwise |
|--|--|
| 8 Name and address of Business (including trade name if any) | 9 Business deals with |
| Name TWIN CITIES PIRE TRADES SERVICE ASSOCIATION Trade Name if any | a Labor Organization b Trust |
| PO Box Bldg Room No If any | c Employer |
| Street 700 TRANSFER RD | C Linployer |
| City ST PAUL | |
| State MN ZIP Code + 4 53/14 | |
| 10 If 9 b or 9 c is checked give trust or employer's name | 11 a Nature of such dealing |
| Name | |
| Trade Name If any | TRUST FUND |
| P O Box Bldg Room No If any | |
| Street | 11 b Approximate dollar value of such dealing UNKNOWN |
| City | 12 a Nature of interest held or income received |
| State ZIP Code + 4 | EDUCATIONAL SEMINAR |
| | AIRFARES 96800 |
| | MEALS - PARKING 313 |
| | 12 b Amount 1, 281°2 |
| C Received from any employer (other than an employer covered under | er parts A and B above) |

| or from any labor relations consultant to | our employer any payment or it | |
|--|--------------------------------|------------------------|
| 13 a Name and address of Employer or (including trade name if any) | Labor Relations Consultant | 14 a Nature of payment |
| Name | | |
| Trade Name If any | | NONE |
| PO Box Bldg Room No If any | | |
| Street | | |
| City | | |
| State | ZIP Code + 4 | |
| 13 b Is the Business an Employer | or Consultant ? | 14 b Amount of payment |